

Title 21: Division of Medicaid

Part 207: Institutional Long-Term Care

Rule 2.5: Reimbursement

- A. Participating Mississippi nursing facilities must prepare and submit a Medicaid cost report for reimbursement..
 - 1. All cost reports are due by the end of the fifth (5th) calendar month following the reporting period.
 - 2. Failure to file a cost report by the due date or the extended due date will result in a penalty of fifty dollars (\$50.00) per day and may result in the termination of the provider agreement.
- B. The Division of Medicaid uses a prospective method of reimbursement.
 - 1. The rates are calculated from cost reports and resident case-mix assessment data.
 - 2. Standard rates are calculated annually with an effective date of January first (1st).
 - 3. Rates are adjusted quarterly based on changes in the case-mix of the facility.
 - 4. In no case may the reimbursement rate for services exceed an individual nursing facility's customary charges to the general public for such services in the aggregate, except for those public nursing facilities rendering such services free of charge or at a nominal charge.
 - 5. Prospective rates may be adjusted by the Division of Medicaid pursuant to changes in federal and/or state laws or regulations.
 - 6. Prospective rates may be adjusted by the Division of Medicaid based on revisions to allowable costs or case-mix scores or to correct errors.
 - a) These revisions may result from amended cost reports, field visit reviews, audits or other corrections.
 - b) Facilities are notified in writing of amounts due to or from the Division of Medicaid as a result of these adjustments.
 - c) There is no time limit for requesting settlement of these amounts.
- C. The Division of Medicaid conducts periodic cost report financial reviews of selected nursing facilities to verify the accuracy and reasonableness of the financial and statistical information contained in the Medicaid cost reports. Adjustments will be made as necessary to the cost reports based on the results of the reviews.

- D. Each nursing facility that is participating in the Medicaid program must keep and maintain books, documents and other records as prescribed by the Division of Medicaid in substantiation of its cost reports for a period of three (3) years after the date of submission to the Division of Medicaid of an original cost report, or three (3) years after the date of submission to the Division of Medicaid of an amended cost report.
1. Providers who are required to pay assessments must keep and preserve books and records as necessary to determine the amount of the assessments for which it is liable for no less than five (5) years.
 2. Providers must maintain adequate documentation, including, but not limited to, financial records and statistical data, for proper determination of costs payable under the Medicaid program.
 - a) The cost report must be based on the documentation maintained by the nursing facility.
 - b) All non-governmental nursing facilities must file cost reports based on the accrual method of accounting.
 - c) Governmental nursing facilities have the option to use the cash basis of accounting for reporting.
 3. Documentation of financial and statistical data must be maintained in a manner consistent from one (1) period to another and must be current, accurate and in sufficient detail to support costs contained in the cost report.
 4. Providers must make available to the Division of Medicaid all documentation that substantiates the information included in the nursing facility cost report for the purpose of determining compliance with Medicaid rules.
 - a) These records must be made available as requested by the Division of Medicaid.
 - b) All documentation which substantiates the information included in the nursing facility cost report, including any documentation relating to home office and/or management company costs must be made available to the Division of Medicaid reviewers as requested by the Division of Medicaid.
- E. The Division of Medicaid reimburses for the day of admission to a nursing facility.
1. The day of discharge is not reimbursed by the Division of Medicaid unless it is the same day as the date of admission.
 2. Nursing facilities cannot bill the resident or responsible party for the day of discharge.

F. The Division of Medicaid reimburses for home/therapeutic and inpatient hospital temporary leave.

1. Home/therapeutic temporary leave is limited to forty-two (42) days per year in addition to holidays listed in Miss. Admin. Code Part 207, Rule 2.8. Reimbursement is limited to fifteen (15) consecutive days per leave period.
2. Inpatient hospital temporary leave days are not limited except for reimbursement of a maximum of fifteen (15) consecutive days per leave period.
3. If the resident has utilized the fifteen (15) consecutive day maximum, the resident must return to the facility for twenty-four (24) consecutive hours before the nursing facility can be reimbursed for a new temporary leave period.

G. The Division of Medicaid does not reimburse for the following instances:

1. Nursing facilities which bill the Division of Medicaid for fifteen (15) consecutive days of home/therapeutic or inpatient hospital temporary leave, discharge the resident from the nursing facility, and subsequently refuse to readmit the resident under the nursing facility's resident return policy when a bed is available.
2. Inpatient hospital temporary leave for days when a resident is transferred to a Medicare skilled nursing facility (SNF) or a swing bed after an acute care hospitalization.
3. Medicaid billing of home/therapeutic or inpatient hospital temporary leave for more than fifteen (15) consecutive days.

H. Nursing facilities must bill the appropriate day code as follows:

1. For a resident who has a home/therapeutic temporary leave bill a home/therapeutic leave day code beginning the calendar day the resident:
 - a) Leaves the facility for eight (8) consecutive hours or more during the day excluding dialysis, chemotherapy or medical treatments that occur two(2) or more days per week,
 - b) Is out of the facility at twelve midnight (12 a.m.), or
 - c) Is out of the facility for a hospital observation stay.
 - d) Returns from a therapeutic leave if the resident was out of the facility for eight (8) or more consecutive hours on the return day.
2. For a resident who has an inpatient hospital temporary leave, bill an inpatient hospital leave day code beginning the calendar day the resident is admitted to an inpatient hospital for continuous acute care.

3. Bill a room and board day code:

- a) If the resident does not meet the criteria for either a home/therapeutic or inpatient hospital temporary leave,
- b) If the resident receives dialysis, chemotherapy or medical treatments that occur two (2) or more days per week, or
- c) The day the resident returns to the nursing facility from an inpatient hospital acute care stay, or
- d) The day the resident returns to the nursing facility from a home/therapeutic leave if the resident was out of the facility for less than eight (8) consecutive hours.

I. Nursing facilities are required to maintain complete and accurate room and board and temporary leave records in order to accurately bill the fiscal intermediary.

J. Nursing facilities must enter the correct temporary leave, regardless of the resident's payment source, in the casemix webportal to match the billing records as specified in Miss. Admin. Code Part 207, Rule 2.5.I.1. or 2.

- 1. The deadline for entering temporary leave information for the quarter is the fifth (5th) day of the second (2nd) month following the end of the quarter the leave occurred.
- 2. The casemix review process includes a review and reconciliation of the facility's official home/therapeutic and inpatient hospital temporary leave records.

Source: 42 C.F.R. Part 447, Subparts B and C; Miss. Code Ann. §§ 43-13-117, 43-13-121, 43-13-145.

History: Revised eff. 08/01/2018.

Rule 2.8: Temporary Leave

A. The Division of Medicaid defines temporary leave as a temporary absence for one (1) or more calendar days the resident is out of the facility for:

- 1. A home/therapeutic temporary leave.
 - a) The temporary leave is defined as:
 - (1) Eight (8) consecutive hours or more during the day excluding dialysis, chemotherapy or medical treatments that occur two (2) or more days per week,
 - (2) An absence at twelve midnight (12 a.m.), or

- (3) A hospital observation stay.
- b) The first (1st) day of a temporary leave begins the calendar day the resident left the nursing facility.
- c) The end of the home/therapeutic temporary leave is the calendar day:
 - (1) The resident returns to the nursing facility,
 - (2) After the resident returns if the resident was out of the nursing facility for eight (8) or more hours as of midnight (12 a.m.) on the day the resident returned to the nursing facility.
 - (3) The resident is admitted to an inpatient hospital acute care stay from an observation stay. or
- 2. An inpatient hospital temporary leave.
 - a) The temporary leave is defined as an admission to the inpatient hospital for continuous acute care.
 - b) The first (1st) day of a temporary leave begins the calendar day the resident is admitted to the inpatient hospital for continuous acute care.
 - c) The end of the temporary leave is the calendar day the resident returns to the nursing facility.
- B. Before the resident departs on home/therapeutic or inpatient hospital temporary leave, the nursing facility must provide a written notice to the resident and/or family member or legal representative explaining the nursing facility's temporary leave, bed-hold and resident return policies.
 - 1. The written notice must define the period of time during which the resident is permitted to return and resume residence in the nursing facility.
 - 2. The written notice must also state that if the resident's absence exceeds the Division of Medicaid's bed-hold limit the resident will be readmitted to the nursing facility upon the first availability of a semi-private bed if the resident still requires the services provided by the nursing facility.
- C. The Division of Medicaid covers up to fifteen (15) consecutive days of home/therapeutic temporary leave per one (1) absence for up to a total of forty-two (42) days per state fiscal year, which begins July 1 and ends June 30 of the following calendar year, in addition to certain holidays.

1. The holidays included in home/therapeutic temporary leave are:
 - a) Christmas Day,
 - b) The day before Christmas Day,
 - c) The day after Christmas Day,
 - d) Thanksgiving Day,
 - e) The day before Thanksgiving Day, and
 - f) The day after Thanksgiving Day.
 2. All home/therapeutic temporary leave days must be approved by the attending physician.
 3. Home/therapeutic temporary leave includes the resident's absence for:
 - a) Eight (8) or more consecutive hours during the day or at midnight (12 a.m.),
 - b) A hospital observation stay when the resident is not admitted for an inpatient hospital acute care stay, or
 - c) Outpatient treatments except for dialysis, chemotherapy and medical treatments that occur two (2) or more days per week.
 4. The nursing facility must reserve the resident's bed in anticipation of the resident's return and cannot fill the resident's bed with another resident during the covered period of home/therapeutic temporary leave.
 5. Nursing facilities cannot refuse to readmit a resident from home/therapeutic temporary leave if the facility has billed for home/therapeutic leave days and the resident still requires the services provided by the nursing facility.
 6. After a fifteen (15) day home/therapeutic temporary leave period has been exhausted, a new leave of absence for home/therapeutic temporary leave does not begin until the resident has returned to the nursing facility for twenty-four (24) hours or longer.
- D. The Division of Medicaid covers fifteen (15) consecutive days of inpatient hospital temporary leave per each absence for continuous acute care during an inpatient hospital stay.
1. The period of leave is determined by counting the first (1st) day of leave as the calendar day the resident was admitted to an inpatient hospital for continuous acute care after leaving the nursing facility.

2. There is no maximum number of inpatient hospital temporary leave days per each state fiscal year.
3. Inpatient hospital temporary leave applies to acute care hospital stays in a licensed hospital including geriatric psychiatric units.
4. Inpatient hospital temporary leave does not apply if the resident is admitted for:
 - a) Hospital observation stays,
 - b) Medicare-only skilled nursing facility (SNF) stays, or
 - c) Swing-bed stays.
5. After a fifteen (15) day inpatient hospital temporary leave period has been exhausted, a new leave of absence for acute hospitalization does not begin until the resident has returned to the nursing facility for a period of twenty-four (24) hours or longer.
6. As long as the resident has remained in the inpatient hospital receiving acute care and returns to any Medicaid certified nursing facility, the nursing facility is not required to complete a new Pre-Admission Screening (PAS) form.
7. Nursing facilities cannot refuse to readmit a from inpatient hospital temporary leave if the facility has billed for inpatient hospital leave days and still requires the services provided by the nursing facility.
8. The nursing facility must reserve the resident's bed in anticipation of the resident's return and cannot fill the resident's bed with another resident during the covered period of inpatient hospital temporary leave.

Source: 42 C.F.R. § 447.40; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 08/01/2018.

Rule 3.7: Temporary Leave

- A. The Division of Medicaid defines temporary leave as a temporary absence for one (1) or more calendar days the resident is out of the intermediate care facility for individuals with intellectual disabilities (ICF/IID) for:
 1. A home/therapeutic temporary leave.
 - a) The temporary leave is defined as:
 - (1) Eight (8) consecutive hours or more during the day excluding dialysis, chemotherapy or medical treatments that occur two (2) or more days per week,

- (2) An absence at twelve midnight (12 a.m.), or
 - (3) A hospital observation stay.
- b) The first (1st) day of a temporary leave begins the calendar day the resident left the ICF/IID.
- c) The end of the home/therapeutic temporary leave is the calendar day:
 - (1) The resident returns to the ICF/IID,
 - (2) After the resident returns if the resident was out of the ICF/IID for eight (8) or more hours as of midnight (12 a.m.) on the day the resident returned to the ICF/IID.
 - (3) The resident is admitted to an inpatient hospital acute care stay from an observation stay, or
- 2. An inpatient hospital temporary leave.
 - a) The temporary leave is defined as an admission to the inpatient hospital for continuous acute care.
 - b) The first (1st) day of a temporary leave begins the calendar day the resident is admitted to the inpatient hospital for continuous acute care.
 - c) The end of the temporary leave is the calendar day the resident returns to the ICF/IID.
- B. Before the resident departs on home/therapeutic or inpatient hospital temporary leave, the ICF/IID must provide a written notice to the resident and/or family member or legal representative explaining the ICF/IID's temporary leave, bed-hold and resident return policies.
 - 1. The written notice must define the period of time during which the resident is permitted to return and resume residence in the ICF/IID.
 - 2. The written notice must also state that if the resident's absence exceeds the Division of Medicaid's bed-hold limit the resident will be readmitted to the ICF/IID upon the first availability of a semi-private bed if the resident still requires the services provided by the ICF/IID.
- C. The Division of Medicaid covers up to fifteen (15) consecutive days of home/therapeutic temporary leave per one (1) absence for up to a total of sixty-three (63) days per state fiscal year, which begins July 1 and ends June 30 of the following calendar year, in addition to certain holidays.

1. The holidays included in home/therapeutic temporary leave are:
 - a) Christmas Day,
 - b) The day before Christmas Day,
 - c) The day after Christmas Day,
 - d) Thanksgiving Day,
 - e) The day before Thanksgiving Day, and
 - f) The day after Thanksgiving Day.
 2. All home/therapeutic temporary leave days must be approved by the attending physician.
 3. Home/therapeutic temporary leave includes the resident's absence for:
 - a) Eight (8) or more consecutive hours during the day or at midnight (12 a.m.),
 - b) A hospital observation stay when the resident is not admitted for an inpatient hospital acute care stay, or
 - c) Outpatient treatments except for dialysis, chemotherapy and medical treatments that occur two (2) or more days per week.
 4. The ICF/IID must reserve the resident's bed in anticipation of the resident's return and cannot fill the resident's bed with another resident during the covered period of home/therapeutic temporary leave.
 5. ICF/IIDs cannot refuse to readmit a resident from home/therapeutic temporary leave if the facility has billed for home/therapeutic leave days and the resident still requires the services provided by the ICF/IID.
 6. After a fifteen (15) day home/therapeutic temporary leave period has been exhausted, a new leave of absence for home/therapeutic temporary leave does not begin until the resident has returned to the ICF/IID for twenty-four (24) consecutive hours or longer.
- D. The Division of Medicaid covers fifteen (15) consecutive days of inpatient hospital temporary leave per each absence for continuous acute care during an inpatient hospital stay.
1. The period of leave is determined by counting the first (1st) day of leave as the calendar day the resident was admitted to an inpatient hospital for continuous acute care after leaving the ICF/IID.

2. There is no maximum number of inpatient hospital temporary leave days per each state fiscal year.
3. Inpatient hospital temporary leave applies to acute care hospital stays in a licensed hospital including geriatric psychiatric units.
4. Inpatient hospital temporary leave does not apply if the resident is admitted for:
 - a) Hospital observation stays,
 - b) Medicare-only skilled nursing facility (SNF) stays, or
 - c) Swing-bed stays.
5. After a fifteen (15) day inpatient hospital temporary leave period has been exhausted, a new leave of absence for acute hospitalization does not begin until the resident has returned to the ICF/IID for a period of twenty-four (24) consecutive hours or longer.
6. ICF/IIDs cannot refuse to readmit a resident from inpatient hospital temporary leave if the facility has billed for inpatient hospital leave days and the resident still requires the services provided by the ICF/IID.
7. The ICF/IID must reserve the resident's bed in anticipation of the resident's return and cannot fill the resident's bed with another resident during the covered period of inpatient hospital temporary leave.

Source: 42 C.F.R. §447.40; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 08/01/2018; Revised eff. 08/01/2017.

Title 21: Division of Medicaid

Part 207: Institutional Long-Term Care

Rule 2.5: Reimbursement

A. ~~Cost Reports~~

4. Participating Mississippi nursing facilities must prepare and submit a Medicaid cost report for reimbursement ~~of long-term care facilities~~.

1. All cost reports are due by the end of the fifth (5th) calendar month following the reporting period.

2. Failure to file a cost report by the due date or the extended due date will result in a penalty of fifty dollars (\$50.00) per day and may result in the termination of the provider agreement.

B2. The Division of Medicaid uses a prospective method of reimbursement.

1. The rates are ~~determined~~ calculated from cost reports and resident case-mix assessment data.

2. Standard rates are ~~determined~~ calculated annually with an effective date of January first (1st).

3. Rates are adjusted quarterly based on changes in the case-mix of the facility.

34. In no case may the reimbursement rate for services exceed an individual nursing facility's customary charges to the general public for such services in the aggregate, except for those public nursing facilities rendering such services free of charge or at a nominal charge.

45. Prospective rates may be adjusted by the Division of Medicaid pursuant to changes in federal and/or state laws or regulations.

56. Prospective rates may be adjusted by the Division of Medicaid based on revisions to allowable costs or case-mix scores or to correct errors.

a) These revisions may result from amended cost reports, field visit reviews, audits or other corrections.

b) Facilities are notified in writing of amounts due to or from the Division of Medicaid as a result of these adjustments.

c) There is no time limit for requesting settlement of these amounts.

~~C.B.~~ The Division of Medicaid conducts periodic ~~field-level~~ cost report financial reviews of selected ~~long term care facilities, including nursing facilities, intermediate care facilities for the mentally retarded, and psychiatric residential treatment facilities,~~ to verify the accuracy and reasonableness of the financial and statistical information contained in the Medicaid cost reports. Adjustments will be made as necessary to the cost reports based on the results of the reviews.

~~D.C.~~ Retention of Records

1. ~~Notwithstanding any other provision of this article, it shall be the duty of e~~Each nursing facility, ~~intermediate care facility for the mentally retarded, psychiatric residential treatment facility, and nursing facility for the severely disabled~~ that is participating in the Medicaid program must keep and maintain books, documents and other records as prescribed by the Division of Medicaid in substantiation of its cost reports for a period of three (3) years after the date of submission to the Division of Medicaid of an original cost report, or three (3) years after the date of submission to the Division of Medicaid of an amended cost report.
1. Providers who are required to pay assessments must keep and preserve books and records as necessary to determine the amount of the assessments for which it is liable for no less than five (5) years.
2. Providers must maintain adequate documentation, including, but not limited to, financial records and statistical data, for proper determination of costs payable under the Medicaid program.
 - a) The cost report must be based on the documentation maintained by the nursing facility.
 - b) All non-governmental nursing facilities must file cost reports based on the accrual method of accounting.
 - c) Governmental nursing facilities have the option to use the cash basis of accounting for reporting.
3. Documentation of financial and statistical data ~~should~~ must be maintained in a manner consistent ~~manner~~ from one (1) period to another and must be current, accurate and in sufficient detail to support costs contained in the cost report.
4. Providers must make available to the Division of Medicaid all documentation that substantiates the information included in the nursing facility cost report for the purpose of determining compliance with Medicaid rules.
 - a) These records ~~shall~~ must be made available as requested by the Division of Medicaid.

- b) All documentation which substantiates the information included in the nursing facility cost report, including any documentation relating to home office and/or management company costs must be made available to the Division of Medicaid reviewers as requested by the Division of Medicaid.

~~DE.~~ Temporary Leave Payment The Division of Medicaid reimburses for the day of admission to a nursing facility.

1. The day of discharge is not reimbursed by the Division of Medicaid unless it is the same day as the date of admission.
2. Nursing facilities cannot bill the resident or responsible party for the day of discharge.

F. The Division of Medicaid reimburses for home/therapeutic and inpatient hospital temporary leave.

1. Home/therapeutic temporary leave is limited to forty-two (42) days per year in addition to holidays listed in Miss. Admin. Code Part 207, Rule 2.8. Reimbursement is limited to fifteen (15) consecutive days per leave period.
2. Inpatient hospital temporary leave days are not limited except for reimbursement of a maximum of fifteen (15) consecutive days per leave period.
3. If the resident has utilized the fifteen (15) consecutive day maximum, the resident must return to the facility for twenty-four (24) consecutive hours before the nursing facility can be reimbursed for a new temporary leave period.

G. The Division of Medicaid does not reimburse for the following instances:

1. Nursing facilities which bill the Division of Medicaid for fifteen (15) consecutive days of home/therapeutic or inpatient hospital temporary leave, discharge the resident from the nursing facility, and subsequently refuse to readmit the resident under the nursing facility's resident return policy when a bed is available.
2. Inpatient hospital temporary leave for days when a resident is transferred to a Medicare skilled nursing facility (SNF) or a swing bed after an acute care hospitalization.
3. Medicaid billing of home/therapeutic or inpatient hospital temporary leave for more than fifteen (15) consecutive days.

H. Nursing facilities must bill the appropriate day code as follows:

1. For a resident who has a home/therapeutic temporary leave bill a home/therapeutic leave day code beginning the calendar day the resident:
 - a) Leaves the facility for eight (8) consecutive hours or more during the day excluding

dialysis, chemotherapy or medical treatments that occur two(2) or more days per week,

b) Is out of the facility at twelve midnight (12 a.m.), or

c) Is out of the facility for a hospital observation stay.

d) Returns from a therapeutic leave if the resident was out of the facility for eight (8) or more consecutive hours on the return day.

2. For a resident who has an inpatient hospital temporary leave, bill an inpatient hospital leave day code beginning the calendar day the resident is admitted to an inpatient hospital for continuous acute care.

3. Bill a room and board day code:

a) If the resident does not meet the criteria for either a home/therapeutic or inpatient hospital temporary leave,

b) If the resident receives dialysis, chemotherapy or medical treatments that occur two (2) or more days per week, or

c) The day the resident returns to the nursing facility from an inpatient hospital acute care stay, or

d) The day the resident returns to the nursing facility from a home/therapeutic leave if the resident was out of the facility for less than eight (8) consecutive hours.

I. Nursing facilities are required to maintain complete and accurate room and board and temporary leave records in order to accurately bill the fiscal intermediary.

J. Nursing facilities must enter the correct temporary leave, regardless of the resident's payment source, in the casemix webportal to match the billing records as specified in Miss. Admin. Code Part 207, Rule 2.5.I.1. or 2.

1. The deadline for entering temporary leave information for the quarter is the fifth (5th) day of the second (2nd) month following the end of the quarter the leave occurred.

2. The casemix review process includes a review and reconciliation of the facility's official home/therapeutic and inpatient hospital temporary leave records.

Source: 42 C.F.R. Part 447, Subparts B and C; Miss. Code Ann. §§ 43-13-117, 43-13-121, 43-13-145.; 42CFR §447 Subparts B & C; Miss. Code Ann. § 43-13-117

History: Revised eff. 08/01/2018.

Rule 2.8: Temporary Leave ~~Payment~~

- A. ~~Under the provisions outlined in this section, a temporary absence of a resident from a nursing facility will not interrupt the monthly payments to the facility. The period of leave will be determined by counting the day the resident left the facility as the first (1st) day of leave.~~ The Division of Medicaid defines temporary leave as a temporary absence for one (1) or more calendar days the resident is out of the facility for:
1. A home/therapeutic temporary leave.
 - a) The temporary leave is defined as:
 - (1) Eight (8) consecutive hours or more during the day excluding dialysis, chemotherapy or medical treatments that occur two (2) or more days per week.
 - (2) An absence at twelve midnight (12 a.m.), or
 - (3) A hospital observation stay.
 - b) The first (1st) day of a temporary leave begins the calendar day the resident left the nursing facility.
 - c) The end of the home/therapeutic temporary leave is the calendar day:
 - (1) The resident returns to the nursing facility.
 - (2) After the resident returns if the resident was out of the nursing facility for eight (8) or more hours as of midnight (12 a.m.) on the day the resident returned to the nursing facility.
 - (3) The resident is admitted to an inpatient hospital acute care stay from an observation stay. or
 2. An inpatient hospital temporary leave.
 - a) The temporary leave is defined as an admission to the inpatient hospital for continuous acute care.
 - b) The first (1st) day of a temporary leave begins the calendar day the resident is admitted to the inpatient hospital for continuous acute care.
 - c) The end of the temporary leave is the calendar day the resident returns to the nursing facility.
- B. ~~An absence from the facility for eight (8) to twenty four (24) hours constitutes a leave day. [Moved to Miss. Admin. Code Part 207, Rule 2.8.A.1.] The facility must reserve the resident's bed in anticipation of the resident's return. The bed may not be filled with~~

~~another resident during the covered period of leave. [Moved to Miss. Admin. Code Part 207, Rule 2.8.D.7. and E.8.] Leave days may not be billed if the facility refuses to readmit the resident under their resident return policy. [Moved to Miss. Admin. Code Part 207, Rule 2.5.G.1.]~~

~~C. A refund of payment will be demanded for all leave days taken in excess of the allowable or authorized number of days. [Revised and moved to Miss. Admin. Code Part 207, Rule 2.5.G.3]~~

~~D. The Division of Medicaid pays for the day of admission to a facility. The day of discharge is not paid by Medicaid, unless it is the same day as the date of admission. Facilities may not bill the resident or responsible party for the day of discharge. [Moved to Miss. Admin. Code Part 207, Rule 2.5.E.]~~

~~E. Each facility is required to maintain leave records and indicate periods of hospitalization and therapeutic leave days on billing forms. [Moved to Miss. Admin. Code Part 207, Rule 2.5.I.] All resident hospital and therapeutic leave periods, regardless of payment source, must be submitted to the Division of Medicaid's designee's web portal electronically prior to the close of the quarter in which it occurred. [Revised and moved to Miss. Admin. Code Part 207, Rule 2.5.J.]~~

~~FB. Before the resident departs on home/therapeutic or in-patient hospital temporary leave, the nursing facility must provide a written notice ~~information~~ to the resident and/or family member or legal representative explaining the nursing facility's temporary leave, bed-hold and resident return policies.~~

- ~~1. This information The written notice must define the period of time during which the resident ~~will be~~ is permitted to return and resume residence in the nursing facility.~~
- ~~2. The written notice must also state that, if the resident's absence exceeds the Division of Medicaid's bed-hold limit, the resident will be readmitted to the nursing facility upon the first availability of a semi-private bed if the resident still requires the services provided by the nursing facility.~~

C.G. Home/Therapeutic Leave

- ~~1. Residents in a nursing facility may have absences for home/therapeutic leave from the nursing facility other than for in-patient hospital leave. Home/therapeutic leave includes routine outpatient treatments. Outpatient treatment for dialysis and outpatient treatment for catastrophic illnesses, like chemotherapy that occurs two (2) or more days per week will not count as therapeutic leave days. [Moved to Miss. Admin. Code Part 207, Rule 2.8, D.3.]~~

- ~~2. Specific requirements applicable to home/therapeutic leave are as follows:~~

~~a) The Division of Medicaid covers age up to fifteen (15) consecutive days of~~

home/therapeutic temporary leave days per one (1) absence for up to a total of forty-two (42) days per State fiscal year, which begins July 1 to and ends June 30 of the following calendar year, for nursing facilities is fifty-two (52) days in addition to certain holidays.

1. The holidays included in home/therapeutic temporary leave are:

- a) Christmas Day,
- b) ~~the~~ The day before Christmas Day,
- c) ~~the~~ The day after Christmas Day,
- d) Thanksgiving Day,
- e) ~~The~~ the day before Thanksgiving Day, and
- f) ~~The~~ the day after Thanksgiving Day. ~~Thus, a resident may have up to fifty-eight (58) total days in a State fiscal year for home/therapeutic leave.~~

2. ~~b)~~ All home/therapeutic temporary leave days must be approved by the attending physician.

3. Home/therapeutic temporary leave includes the resident's absence for:

- a) Eight (8) or more consecutive hours during the day or at midnight (12 a.m.),
- b) A hospital observation stay when the resident is not admitted for an inpatient hospital acute care stay, or
- c) Outpatient treatments except for dialysis, chemotherapy and medical treatments that occur two (2) or more days per week.

4. The nursing facility must reserve the resident's bed in anticipation of the resident's return and cannot fill the resident's bed with another resident during the covered period of home/therapeutic temporary leave.

5. Nursing facilities cannot refuse to readmit a resident from home/therapeutic temporary leave if the facility has billed for home/therapeutic leave days and the resident still requires the services provided by the nursing facility.

- e) ~~Fifteen (15) days home/therapeutic leave are allowed each absence. [Moved to Miss. Admin. Code Part 207, Rule 2.8.C.] A resident must be discharged from the facility for Medicaid billing if he/she remains on home/therapeutic leave for more than fifteen (15) days.~~ [Revised and moved to Miss. Admin. Code Part 207, Rule 2.5.H.]

- ~~d)6.~~ After a fifteen (15) day home/therapeutic temporary leave period has been exhausted, ~~Aa new~~ leave of absence for home/therapeutic temporary leave ~~is broken if does not begin until the resident has returned to the nursing facility for twenty-four (24) hours or longer.~~

D. H. Leave for Inpatient Hospital Stay

- ~~1.~~ The Division of Medicaid covers Nursing facility residents are allowed fifteen (15) consecutive days of inpatient hospital temporary leave per for each absence hospital stay for continuous acute care during an inpatient hospital stay.
- ~~1.~~ The period of leave is determined by counting the first (1st) day of leave as the calendar day the resident was admitted to an inpatient hospital for continuous acute care after leaving the nursing facility.
- ~~2.~~ There is no maximum number of inpatient hospital temporary leave days per each state fiscal year.
- ~~3.~~ Inpatient Hhospital temporary leave applies to acute care hospital stays in a licensed hospital; including geriatric- psychiatric units.
- ~~4.2.~~ The hospital leave rules apply as follows: Inpatient hospital temporary leave does not apply if the resident is admitted for:
 - a) Hospital observation stays,
 - b) Medicare-only skilled nursing facility (SNF) stays, or
 - c) Swing-bed stays.
- ~~5.~~ a) A resident must be discharged from the facility for Medicaid billing if he remains in the hospital for more than fifteen (15) days. [Revised and moved to Miss. Admin. Code Part 207, Rule 2.5.H.] When the resident is readmitted to the facility after a hospital stay, readmission certification on a new pre-admission screening (PAS) form is not necessary if the resident has been continuously institutionalized. [Moved to Miss. Admin. Code Part 207, Rule 2.8.E.6.] A leave of absence for hospitalization is broken only if the resident returns to the facility for twenty four (24) hours or longer. After a fifteen (15) day inpatient hospital temporary leave period has been exhausted, a new leave of absence for acute hospitalization does not begin until the resident has returned to the nursing facility for a period of twenty-four (24) hours or longer.
- ~~6.~~ As long as the resident has remained in the inpatient hospital receiving acute care and returns to any Medicaid certified nursing facility, the nursing facility is not required to complete a new Pre-Admission Screening (PAS) form.

~~7.b) Nursing Facilities may not refuse to readmit a resident to the facility from inpatient hospital temporary leave if the facility when the resident has not been hospitalized for has billed for inpatient hospital leave days more than fifteen (15) days and still requires nursing facility the services provided by the nursing facility.~~

~~e) Facilities which bill Medicaid for fifteen (15) days of in-patient hospital leave, discharge the resident, and subsequently refuse to readmit the resident under their resident return policy when a bed is available, must repay Medicaid for the fifteen (15) days of hospital leave and are subject to additional remedies for failure to comply with the requirements relating to residents' rights. [Moved to Miss. Admin. Code Part 207, Rule 2.5.G.2.]~~

~~d) In-patient hospital leave will not be paid for days in which the resident is placed in a Medicare skilled nursing facility (SNF) or a swing bed. [Moved to Miss. Admin. Code Part 207, Rule 2.5.G.3.]~~

8. The nursing facility must reserve the resident's bed in anticipation of the resident's return and cannot fill the resident's bed with another resident during the covered period of inpatient hospital temporary leave.

Source: 42 C.F.R. § 447.40; Miss. Code Ann. §§ 43-13-121, 43-13-117, 43-13-121, 43-13-117; 42 CFR §447.40

History: Revised eff. 08/01/2018.

Rule 3.7: Temporary Leave-Payment

~~A. The Division of Medicaid defines temporary leave as the absence of the resident from the intermediate care facility for individuals with intellectual disabilities (ICF/IID) for more than eight (8) hours, beginning the day the resident leaves the ICF/IID.~~

~~B. The Division of Medicaid reimburses an ICF/IID for temporary leave when a resident is absent due to home/therapeutic leave or inpatient hospital leave.~~

~~C. The Division of Medicaid reimburses an ICF/IID for fifteen (15) days of home/therapeutic leave per one (1) absence for up to a total of eighty four (84) days per state fiscal year.~~

~~1. The Division of Medicaid reimburses for the following home/therapeutic days in addition to the eighty four (84) day limit:~~

~~a) Christmas Day,~~

~~b) The day before Christmas,~~

- ~~e) The day after Christmas;~~
- ~~d) Thanksgiving Day;~~
- ~~e) The day before Thanksgiving; and~~
- ~~f) The day after Thanksgiving.~~
- ~~2. Home/therapeutic leave must be approved by the attending physician.~~
- ~~3. Home/therapeutic leave includes routine outpatient treatments.~~
- ~~4. Outpatient treatment that occurs two (2) or more days per week, including dialysis, chemotherapy or treatment for a catastrophic illness, does not count towards the home/therapeutic leave day limit.~~
- ~~D. The Division of Medicaid reimburses an ICF/IID for fifteen (15) days of inpatient hospital leave per absence.~~
 - ~~1. Inpatient hospital leave applies to acute care hospital stays in a licensed hospital, including geriatric psychiatry units.~~
 - ~~2. When the resident is readmitted to the ICF/IID after an inpatient hospital stay, a new pre-admission form, certification of need for care and medical, psychological, and social evaluations are not necessary if the resident has been continuously hospitalized.~~
 - ~~3. There is no limit to the number of absences due to an inpatient hospital stay.~~
- ~~E. The Division of Medicaid reimburses for the day of admission to the ICF/IID.~~
- ~~F. The Division of Medicaid does not reimburse for:~~
 - ~~1. The day of discharge unless it is the same day as the day of admission. The ICF/IID cannot bill the resident or responsible party for the day of discharge.~~
 - ~~2. Days in which the resident is placed in a Medicare skilled nursing facility (SNF) or a swing bed.~~
 - ~~3. Temporary leave days taken in excess of the allowable or authorized number of days.~~
 - ~~4. Temporary leave days if the ICF/IID discharges a resident whose absence exceeds the Division of Medicaid's home/therapeutic leave or inpatient hospital stay leave limit and refuses to readmit the resident when a bed is available.~~
- ~~G. The ICF/IID must:~~

- ~~1. Provide written information to the resident and the resident's guardian or legal representative explaining the ICF/IID's leave policies before the resident begins a home/therapeutic leave or inpatient hospital stay.~~
 - ~~a) This information must define the period of time during which the resident will be permitted to return and resume residence in the ICF/IID.~~
 - ~~b) The information must also state that, if the resident's absence exceeds Medicaid's temporary leave limit, the resident will be readmitted to the ICF/IID upon the first availability of a semi-private bed if the resident still requires the services provided by the ICF/IID.~~
- ~~2. Reserve the resident's bed in anticipation of the resident's return. The ICF/IID cannot fill the bed with another resident during the covered temporary leave period.~~
- ~~3. Readmit a resident from an inpatient hospital stay or home/therapeutic leave when the resident has not been absent for more than fifteen (15) days and still requires ICF/IID services.~~
- ~~4. Maintain leave records and indicate periods of inpatient hospital stays and home/therapeutic leave days on billing documents.~~

~~H. The Division of Medicaid considers a resident's return to the ICF/IID for twenty-four (24) consecutive hours the end of a temporary leave period.~~

A. The Division of Medicaid defines temporary leave as a temporary absence for one (1) or more calendar days the resident is out of the intermediate care facility for individuals with intellectual disabilities (ICF/IID) for:

1. A home/therapeutic temporary leave.

a) The temporary leave is defined as:

(1) Eight (8) consecutive hours or more during the day excluding dialysis, chemotherapy or medical treatments that occur two (2) or more days per week,

(2) An absence at twelve midnight (12 a.m.), or

(3) A hospital observation stay.

b) The first (1st) day of a temporary leave begins the calendar day the resident left the ICF/IID.

c) The end of the home/therapeutic temporary leave is the calendar day:

- (1) The resident returns to the ICF/IID.
 - (2) After the resident returns if the resident was out of the ICF/IID for eight (8) or more hours as of midnight (12 a.m.) on the day the resident returned to the ICF/IID.
 - (3) The resident is admitted to an inpatient hospital acute care stay from an observation stay, or
2. An inpatient hospital temporary leave.
 - a) The temporary leave is defined as an admission to the inpatient hospital for continuous acute care.
 - b) The first (1st) day of a temporary leave begins the calendar day the resident is admitted to the inpatient hospital for continuous acute care.
 - c) The end of the temporary leave is the calendar day the resident returns to the ICF/IID.
- B. Before the resident departs on home/therapeutic or inpatient hospital temporary leave, the ICF/IID must provide a written notice to the resident and/or family member or legal representative explaining the ICF/IID's temporary leave, bed-hold and resident return policies.
 1. The written notice must define the period of time during which the resident is permitted to return and resume residence in the ICF/IID.
 2. The written notice must also state that if the resident's absence exceeds the Division of Medicaid's bed-hold limit the resident will be readmitted to the ICF/IID upon the first availability of a semi-private bed if the resident still requires the services provided by the ICF/IID.
- C. The Division of Medicaid covers up to fifteen (15) consecutive days of home/therapeutic temporary leave per one (1) absence for up to a total of sixty-three (63) days per state fiscal year, which begins July 1 and ends June 30 of the following calendar year, in addition to certain holidays.
 1. The holidays included in home/therapeutic temporary leave are:
 - a) Christmas Day.
 - b) The day before Christmas Day.
 - c) The day after Christmas Day.
 - d) Thanksgiving Day.

- e) The day before Thanksgiving Day, and
 - f) The day after Thanksgiving Day.
 - 2. All home/therapeutic temporary leave days must be approved by the attending physician.
 - 3. Home/therapeutic temporary leave includes the resident's absence for:
 - a) Eight (8) or more consecutive hours during the day or at midnight (12 a.m.).
 - b) A hospital observation stay when the resident is not admitted for an inpatient hospital acute care stay, or
 - c) Outpatient treatments except for dialysis, chemotherapy and medical treatments that occur two (2) or more days per week.
 - 4. The ICF/IID must reserve the resident's bed in anticipation of the resident's return and cannot fill the resident's bed with another resident during the covered period of home/therapeutic temporary leave.
 - 5. ICF/IIDs cannot refuse to readmit a resident from home/therapeutic temporary leave if the facility has billed for home/therapeutic leave days and the resident still requires the services provided by the ICF/IID.
 - 6. After a fifteen (15) day home/therapeutic temporary leave period has been exhausted, a new leave of absence for home/therapeutic temporary leave does not begin until the resident has returned to the ICF/IID for twenty-four (24) consecutive hours or longer.
- D. The Division of Medicaid covers fifteen (15) consecutive days of inpatient hospital temporary leave per each absence for continuous acute care during an inpatient hospital stay.
 - 1. The period of leave is determined by counting the first (1st) day of leave as the calendar day the resident was admitted to an inpatient hospital for continuous acute care after leaving the ICF/IID.
 - 2. There is no maximum number of inpatient hospital temporary leave days per each state fiscal year.
 - 3. Inpatient hospital temporary leave applies to acute care hospital stays in a licensed hospital including geriatric psychiatric units.
 - 4. Inpatient hospital temporary leave does not apply if the resident is admitted for:
 - a) Hospital observation stays,

b) Medicare-only skilled nursing facility (SNF) stays, or

c) Swing-bed stays.

5. After a fifteen (15) day inpatient hospital temporary leave period has been exhausted, a new leave of absence for acute hospitalization does not begin until the resident has returned to the ICF/IID for a period of twenty-four (24) consecutive hours or longer.
6. ICF/IIDs cannot refuse to readmit a resident from inpatient hospital temporary leave if the facility has billed for inpatient hospital leave days and the resident still requires the services provided by the ICF/IID.
7. The ICF/IID must reserve the resident's bed in anticipation of the resident's return and cannot fill the resident's bed with another resident during the covered period of inpatient hospital temporary leave.

Source: 42 C.F.R. §447.40; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 08/01/2018; Revised eff. 08/01/2017.